

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>): ATTORNEY FOR (<i>Name</i>): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	TELEPHONE NO.:	FOR COURT USE ONLY CASE NUMBER:
NOTICE OF DELINQUENCY		

1. NOTICE TO PERSON ORDERED TO PAY CHILD SUPPORT (OBLIGOR)

► *Obligor's name:*

The child support payments listed on this form are more than 30 days in arrears on the date of filing this notice. If they are not paid within 30 days of the date of service of this notice on you, a penalty of 6% per month may be charged on the unpaid balance. The penalty may accumulate to a maximum of 72% of the original amount of the unpaid support.

California law provides: "Within a timely fashion after service of the Notice of Delinquency the [obligor may file] a motion to determine arrearages" and show the court why the 6% penalty should not be imposed. Forms (FL-490 and FL-301) for filing the motion for a court hearing to establish your possible exemption were served on you with this *Notice of Delinquency*. You should file the motion as soon as possible, before the support obligee obtains a court order or writ of execution.

2. The court ordered payment of child support on (*date*):

The payments listed below are more than 30 days in arrears on the date of filing this notice:

TOTAL CHILD SUPPORT ORDERED PAID		ACTUALLY PAID			BALANCE DUE		CHECK BOX IF AMOUNT LISTED ON PREVIOUS NOTICE OF DELINQUENCY
DATE DUE	AMOUNT	DATE PAID	ON ORDER	ON ACCRUED INTEREST	ON ORDER	ON ACCRUED INTEREST	
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

☐ continued on attached page. **Total due on order:**

Total due on interest:

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

3. Address of children (*complete a or b*):

a. ☐ There is a protective order that prohibits the support obligor from knowing the location of the child or children for whom support is payable or that excuses completion of part b.

—OR—

b. ☐ The name, current address, and telephone number of children for whom support is due are as follows:
 Name: Address: Phone No.

4. a. ☐ Court papers should be served at the address shown at the top of page 1 of this form.
 b. ☐ The address at which court papers should be served on the support obligee is (*address*):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____
 (TYPE OR PRINT NAME OF SUPPORT OBLIGEE)

▶

_____ (SIGNATURE OF SUPPORT OBLIGEE)

To Support Oblige: Have a completed copy of the *Notice of Delinquency* and a blank *Application to Determine Arrearages* (form FL-490) as well as a blank *Notice of Motion* (form FL-301) served on the support obligor by someone at least age 18 other than yourself. The person serving must complete the proof of service below. The proof of service must be filed with the court before you can collect the penalty.

PROOF OF SERVICE OF NOTICE OF DELINQUENCY

1. At the time of service I was at least 18 years of age and **not a party** to this action. I served the completed *Notice of Delinquency*, blank *Application to Determine Arrearages* (form FL-490), and blank *Notice of Motion* (form FL-301) on (*name*):

- a. ☐ By personal delivery to the person served
 (1) Date served: (3) Address:
 (2) Time served:
- b. ☐ By mailing by certified mail (1) Date mailed: (2) Place mailed:
(Attach signed return receipt)
- c. ☐ By mailing (by first-class mail or airmail) copies to the person served, together with two copies of the *Notice and Acknowledgment of Receipt* (form 982(a)(4)) and a return envelope, postage prepaid, addressed to the sender. **(Attach completed Acknowledgment of Receipt)**
- d. ☐ Other (*specify code section*):
☐ Additional page is attached.

2. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

_____ (SIGNATURE OF PERSON SERVING NOTICE)

Name and address of person serving notice: